

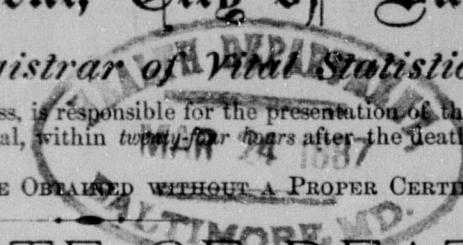
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases attached to this Certificate.

Health Department, City of Baltimore.

Permit No. 98792 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 22nd, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sales W. Hawes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 63 Years, 11 Months, 22 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Retired Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Easton Main

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } S. E. corner Saratoga & Pine Sts

Cause of Death, { First (Primary), Pneumonia
Second (Immediate), Pneumonia }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, March 25

{ Undertaker, Evans & Spence }

{ Place of Business, 1000 E. Balti, St. }

J. W. J. Engle

M. D.

Medical Attendant.

Address, 130 Grand St.apt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

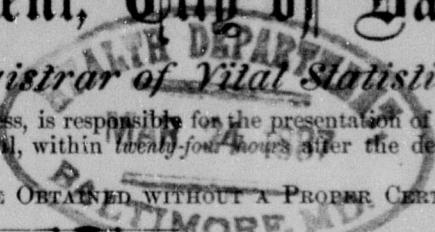
Permit No. 98793

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 23 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Agnes Williams

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 23 Years,

Months,

Days.

Colored

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. }

516 S Caroline St

Cause of Death, { First (Primary), Second (Immediate), }

Valvular Disease of the Heart

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 25th

{ Underaker, A. R. Bandell

{ Place of Business, 1608 Miller St

E. Hale Rutledge Coroner M. D.
Address, 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

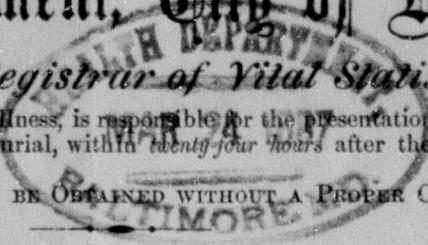
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 98079 Office of Registrar of Vital Statistics. Ward 7¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 22/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Joseph W. Brown

Sex, Male or Female, { Cross out the word not required in this line.

Age, 32 Years,

Months,

Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation, Engineer

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore, during life.

Place of Death, { Give Street and Number.

1415 Chest St.

Tuberculosis

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

3 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, March 24/87

{ Undertaker, Wm. S. Guy

R. W. Mansfield M. D.

Medical Attendant.

{ Place of Business, 221 Broadway

Address, 129 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Association of Physicians is Respectfully invited to the Remarks below, and to list of Diseases on back.

Health Department, City of Baltimore.

Permit No. 98795 Office of Registrar of Vital Statistics. Ward 9 $\frac{4}{7}$

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 27 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Two Years

Place of Death, { Give Street and Number. } City Hospital

Cause of Death, { First (Primary), Supp. Pyæmia
Second (Immediate), Typhoid condition

Duration of Last Sickness, About 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Peeb Cemetery

Date of Burial, March 24th/87

{ Undertaker, Geo. Richardson Harry Friedwald M. D.
Medical Attendant.

{ Place of Business, Health Office Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98796

Office of Registrar of Vital Statistics.

Ward 134

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 23, 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lizzie Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Wifower, { Cross out the words not required in this line. }

Single

Occupation,

Nurse

Balto.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

38 King St.
Phthisis
Asthenia

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information above to be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24, 1889

{ Undertaker, Herold & Sons

M. D.

Medical Attendant.

{ Place of Business, 104 Carroll St.

Address, 617 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98797

Office of Registrar of Vital Statistics.

Ward

16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 22nd.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Fowler

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Seventeen Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

915 China St

Cause of Death, { First (Primary), Second (Immediate), }

Influenza & Bronchitis

Duration of Last Sickness, One week previous to death on 21st

All the above information should be furnished by the Physician.

March

Place of Burial,

Charlottesville Cemetery

Date of Burial,

March 24 1887

{ Undertaker,

George Rogers

{ Place of Business,

104 Carroll St

Address,

Helen Hall M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention

Baltimore Department, City of Baltimore.

Permit No. 98798 Office of Registrar of Vital Statistics. Ward 2 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C

Date of Death,

March 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Matthew Conway

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Saloon Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1519 Carlton and

Cause of Death, { First (Primary), Waxy-liver. }
Second (Immediate), Gastritis.

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 24

Undertaker, A. Dippel

Place of Business, 151 P. Board Address,

Good Dyerhead M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98799

Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Lind

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 39 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany (34 yrs in U.S.)

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, { Give Street and Number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Cerebral tumor
Second (Immediate), Apoplexy }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 24th

Undertaker, W. D. Difesa Oscar J. Lasker M. D.

Medical Attendant.

Place of Business, 158 Bond Street, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

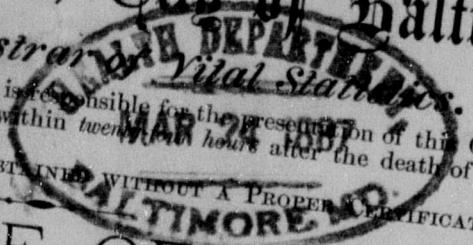
The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this
Health Department, City of Baltimore.

Permit No. 98800

Ward 199

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 23/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Worthington

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

72

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Annapolis Md

Duration of Residence in the City of Baltimore,

23 years

Place of Death, { Give Street and Number. }

605 N. Mount St

Pneumonia

Cause of Death, { First (Primary),

"

Second (Immediate),

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Home Office M. D.

Date of Burial, Feb 25

Medical Attendant,

Undertaker, J. B. Cook

Place of Business 1003 W. Baltimore Street, 600 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all
deaths + burials each week.

No. 98801

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Unit No. 98801 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ten days after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1887

CERTIFICATE OF DEATH.

Date of Death, Mar. 22. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Graft

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 43 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Nation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Northumberland Co. Pa

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, { Give Street and Number. } 207½ Pierce st.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Mar. 24 1887

Undertaker, W. Quaygan

Place of Business, 696. Mulberry

Chas. W. Gaff M. D.

Medical Attendant.

Address, 763 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

it further enacted and ordained, That whenever any person shall die within the city, it shall be the duty of the Undertaker or other persons superintending the same to furnish to the Board of Health, the name, sex, age, and condition (whether married or single) of the deceased.